

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax (703) 746-4000**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

20995 7590 12/08/2003

**KNOBBE MARTENS OLSON & BEAR LLP**  
**2040 MAIN STREET**  
**FOURTEENTH FLOOR**  
**IRVINE, CA 92614**



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

<b>Jerry Hefner</b>	(Depositor's name)
<i>[Signature]</i>	(Signature)
<b>January 13, 2004</b>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/492,709	01/27/2000	Judith Zyskind	ELITRA.001A	1266

TITLE OF INVENTION: GENES IDENTIFIED AS REQUIRED FOR PROLIFERATION IN ESCHERICHIA COLI

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<del>YES</del> <b>NO</b>	<del>\$665</del> <b>\$1330</b>	\$0	<del>\$665</del> <b>\$1330</b>	03/08/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MARSCHER, ARDIN H	1631	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**KNOBBE MARTENS**  
**OLSON & BEAR LLP**  
 3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**ELITRA PHARMACEUTICALS, INC. SAN DIEGO, CALIFORNIA**

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee
- ☒ Advance Order - # of Copies **10**

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **11-1410** (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

*[Signature]* **January 13, 2004**

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

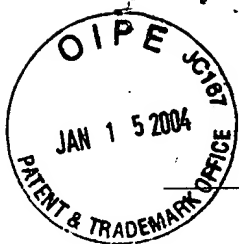
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01/16/2004 RMEBRAH1 00000061 09492709

01 FC:1501  
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TRANSMIT THIS FORM WITH FEE(S)



PATENT

Case Docket No. ELITRA.001A

Date: January 13, 2004

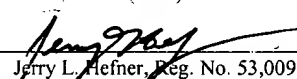
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Zyskind et al.  
Appl. No. : 09/492,709  
Filed : January 27, 2000  
For : GENES IDENTIFIED AS  
REQUIRED FOR  
PROLIFERATION IN  
ESCHERICHIA COLI  
Group Art Unit : 1631  
Class/Sub-Class : 435-006000  
Examiner : A. Marschel

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

January 13, 2004

(Date)

  
Jerry L. Hefner, Reg. No. 53,009

TRANSMITTAL LETTER

MAIL STOP ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:


Enclosed for filing is the Issue Fee for the above-identified application:

- (X) Form PTOL-85.
- (X) A check in the amount of \$1,360 to cover the issue fee is enclosed.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 11-1410.
- (X) Return prepaid postcard.

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Jerry L. Hefner  
Registration No. 53,009  
Attorney of Record  
Customer No. 20,995  
(619) 235-8550